07323

7334

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY: Calvert — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: N. Beach
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cal. Co. Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) B. Browne (Last) Sr.

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct 8 1894

9. AGE last birthday: 59 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jobbing Record

10b. KIND OF BUSINESS OR INDUSTRY: Printing Office

11. BIRTHPLACE (State or foreign country): Wash DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Browne

14. MOTHER'S MAIDEN NAME: Lillian Fray (Fray)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Noted Wrld I

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Ellen M. Browne - 6008-43 Ave Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary embolism	10 min
Antecedent cause(s)	(b) Angina	6 mo
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Had several deep moors and dry

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: H M Ward (Degree or title) Dir E — ADDRESS: Sevry Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9/1/54 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (Town or county): Pro. Geo. Co., (State) Md.

DATE REC'D BY LOCAL REG.: 8/28/54 — REGISTRAR'S SIGNATURE: H M Ward

24. FUNERAL DIRECTOR: Chambers — ADDRESS: Wash DC

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07324

7335

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr Frederick X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Randolph (Middle) Caleb (Last) Buck
4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1954

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 7, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 1 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pr Frederick, MD
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Le Roy Buck
14. MOTHER'S MAIDEN NAME: Carrie Boome

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Carrie Buck, Lusby, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

772.5

Immediate cause (a) Malnutrition

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Premature 8 mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bathymetric with [illegible]

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: Skin and bone
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:20 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) H W Ward D M E, Dmg ADDRESS DATE SIGNED 8/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-22-54 NAME OF CEMETERY OR CREMATORY Eastern Chapel LOCATION (City, town, or county) Owings Direct (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-22-54 REGISTRAR'S SIGNATURE H W Ward MD
24. FUNERAL DIRECTOR P. E. Sewell Prince ADDRESS Frederick Md

2074246333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07325

7336

CERTIFICATE OF DEATH

Item 8,23 film G168A 8/11/54 cm

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick X
LENGTH OF STAY (in this place) 50 hrs. 3 hrs 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic - X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) (Last) Carr.

4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 1954

5. SEX: F
6. COLOR OR RACE: negro.
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: 46 Oct. 12 - 1947
9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co., Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dorsey Carr.
14. MOTHER'S MAIDEN NAME: Lacheater Commodore.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

299x

Immediate cause (a) Extra-dural hemorrhage (Brain)

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO — Blood Dyscrasia (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to Aug, 1954, that I last saw the deceased alive on 8-4, 1954, and that death occurred at 3 40 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams M.D. ADDRESS St Leonard DATE SIGNED 8/4

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/6/54
NAME OF CEMETERY OR CREMATORY Browns
LOCATION (City, town, or county) (State) Port Republic

DATE REC'D BY LOCAL REGISTRAR 8/9/54
REGISTRAR'S SIGNATURE H. W. Ward mmb
24. FUNERAL DIRECTOR P.E. Sewell, ADDRESS Pr.Fred., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Two for one film [redacted] 8/16/54 cm

BUREAU V. S.
AUG 9
RECEIV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07326

7337 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Olivett
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olivett
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Cornish

4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH: 1-21-1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 6 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H Johnson

14. MOTHER'S MAIDEN NAME: Mary E. Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Amos Cornish, Olivett Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 6 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Senility — 6 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 19 54, to 8/9, 19 54, that I last saw the deceased alive on 8/9, 19 54, and that death occurred at 1 P.M. from the causes and on the date stated above.

SIGNATURE E. S. Coster — M.D. — (Degree or title) ADDRESS Solomons-Md DATE SIGNED 8/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-15-54 NAME OF CEMETERY OR CREMATORY Eastern Chapel LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/13/54 REGISTRAR'S SIGNATURE W. E. Coster

24. FUNERAL DIRECTOR P. E. Sewell Pr. Fred, Md, ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1954
BUREAU V. S.

MARYLAND 7338 07327

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

M

I

1. PLACE OF DEATH COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert C. H.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Ved COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivet
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Johnson
4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1954

5. SEX M
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Feb. 24 1928
9. AGE last birthday 26 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ved
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Vincent Johnson
14. MOTHER'S MAIDEN NAME Christine Shelby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Richard Johnson Olivet Ved

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured skull	36 hrs
Antecedent cause(s)	Internal injury	36 hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) (COUNTY) Calvert (STATE) Ved
TIME OF INJURY (Month) 8 (Day) 28 (Year) 54 (Hour) 4 00 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:42 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE 9-1-54 NAME OF CEMETERY OR CREMATORY St. Johns LOCATION (City, town, or county) Lusby. (State) Md

DATE REC'D BY LOCAL REG. 8-31-54 REGISTRAR'S SIGNATURE A. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince Fred. Md ADDRESS

RECEIVED
SEP 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07328

7339

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) (Last) Todd

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W | 8. DATE OF BIRTH: | 9. AGE last birthday: 80 (8) yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm worker | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis — Interval Between Onset And Death: 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Mal nutrition — 2 mo

DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Condition Pt was Transport M. Beach Hospital for 2 mos

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1954, to 8/10, 1954, that I last saw the deceased alive on 8/10, 1954, and that death occurred at 10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 8-10-54 | NAME OF CEMETERY OR CREMATORY Dept of Anatomy - U of Md | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 8-10-54 | REGISTRAR'S SIGNATURE N W Ward | 24. FUNERAL DIRECTOR J E Linthicum | ADDRESS P. Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07329

7349

CERTIFICATE OF DEATH

Item 9 film G168A 8/11/54 cm

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr Frederick ✓
LENGTH OF STAY (in this place) 4 1/2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Avert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Alice (Last) Matkin
4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar
8. DATE OF BIRTH: Sept, 12, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Campbell County, Kentucky
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Edward Dawson
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Mr. Frank Matkin, Solomons, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) —
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 10 12 pm., from the causes and on the date stated above.
SIGNATURE (Degree or title) R. Williams
ADDRESS St Leonard, Md
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Aug. 9, 1954
NAME OF CEMETERY OR CREMATORY Red Stone Cemetery
LOCATION (City, town, or county) (State) Brownsville, Pa.
DATE REC'D BY LOCAL REGISTRAR 8-6-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9
BUREAU V. S.

Film#G169
Item# 2 8/18/54 emf

07330

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7341

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Breezy Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS 1611 D St N.E. (If rural give location) [illegible] - Bethesda

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Webster (Last) Reeves

4. DATE OF DEATH: (Month) Aug (Day) 1 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 4/4/31
9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Military Service
10b. KIND OF BUSINESS OR INDUSTRY: Marine Corp.
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 579-42-2294
17. INFORMANT & ADDRESS: Taken from Driver's Permit

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull, neck &
DUE TO Crushed Chest

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 3 am

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Bring
(CITY OR TOWN) Willows (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 8 (Day) 1 (Year) 54 (Hour) 6:30 P.M.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at 6:30 P.M., from the causes and on the date stated above.
SIGNATURE [illegible] (Degree or title) D.M.E. ADDRESS Orig. Loc. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 8/2/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 8/2/54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR Robert Pumphrey ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 6 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07331

7342 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Costers
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Costers
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) E. (Last) Tongue

4. DATE OF DEATH: (Month) Aug (Day) 14, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Apr. 29, 1862

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months 3 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gideon Granger

14. MOTHER'S MAIDEN NAME: Elizabeth Weems

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Mrs Glenn D. Estabrook Pr. Frederick, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatous

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Ca of Stomach - cardiac (?)

DUE TO (c) acute anemia

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1954, to 8/14, 1954, that I last saw the deceased alive on 8/14, 1954, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) R. W. Williams M.D. ADDRESS Sthevenard DATE SIGNED 8/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 17, 1954 NAME OF CEMETERY OR CREMATORY Middleham Chapel LOCATION (City, town, or county) Lusby - Calvert Co., Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/16/54 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 21 Film G169 8-20-54 ams

07332

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7343

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ches. Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) TOWNSEND 3939 - R St S.E.

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) Lorraine (Last) Townsend
4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Feb 7, 1940
9. AGE last birthday: 14 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: School
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Wash DC
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Townsend
14. MOTHER'S MAIDEN NAME: Alberta Werner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George Townsend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
921.8
Immediate cause (a) Acute midgyte
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 20 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. was running at [illegible] [illegible] and [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ches. Beach, Md. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 6.30 p m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR. Felt sick at pool.

22. I hereby certify that I attended the deceased from ..., 19.., to ..., 19.., that I last saw the deceased alive on 7 Feb, 19.., and that death occurred at 7 P, from the causes and on the date stated above.
SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 9, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince Georgia Co. Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 6, 1954
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Simmons Bros
ADDRESS 1661 Gd Hayes Rd S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07333

7344 CERTIFICATE OF DEATH Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood Beach | LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Mary (Last) Williams

4. DATE OF DEATH: (Month) Aug (Day) 4, (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W | 8. DATE OF BIRTH: Jan. 13, 1913 | 9. AGE last birthday: 41 yrs. | If UNDER 1 YEAR: Months 6 Days 3 | If UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Lightburn, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Gale | 14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: 207-01-4108 | 17. INFORMANT & ADDRESS: Otis E. Winn — 1252 Eighth Street, N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Probably Ventricular Fibrillation — 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Bronchial Asthma — 25 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1954, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Isaac Pitt (Degree or title) ADDRESS Prince Frederick DATE SIGNED 8/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 7, 1954 | NAME OF CEMETERY OR CREMATORY Green Hill Cem. | LOCATION (City, town, or county) Waynesboro (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 8-4-54 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR C. A. Harkness & Son — ADDRESS Emmitsburg, Md.

VS. A15

RECEIVED
AUG 9 1954
BUREAU V. S.

MARYLAND 7345

07334

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick — LENGTH OF STAY (in this place) MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Calvert — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick — STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Patrick (Middle) W. (Last) Wilson

4. DATE OF DEATH (Month) 8 (Day) 21 (Year) 54 19

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH 1-20-1873

9. AGE last birthday 81 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY owner

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Wilson

14. MOTHER'S MAIDEN NAME Adelia Hyde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Pat Wilson Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11-54, 19..., to 8-21, 19..., that I last saw the deceased alive on 8-21, 19..., and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 8-25-54 — NAME OF CEMETERY OR CREMATORY Hall's Creek — LOCATION (City, town, or county) (State) Huntsville, Co. Md.

DATE RECD BY LOCAL REG. 8-24-54 — REGISTRAR'S SIGNATURE L.W. Ward — 24. FUNERAL DIRECTOR P. E. Sewell — ADDRESS Pr. Fred.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 26 1954
BUREAU V. S.